

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

Janice M Emerson  
40 Florentina  
Platte City, MO 64079

14-6002-DW doc 7 Jp

**2. Article Number**

(Transfer from service label)

7013 1710 0000 5617 7152

**RECIPIENT: COMPLETE THIS SECTION ON DELIVERY****A. Signature**

X Janice M Emerson

Agent  
 Addressee

**B. Received by (Printed Name)**

Janice M Emerson

**C. Date of Delivery**

02/14/2014

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

**3. Service Type**

Certified Mail     Express Mail  
 Registered     Return Receipt for Merchandise  
 Insured Mail     C.O.D.

**4. Restricted Delivery? (Extra Fee)**

Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540